

Emergency Medicine PGY2 MercyOne Des Moines Medical Center

Frequently Asked Questions

What clinical activities do EM Pharmacists participate in within the Emergency Department?

Our pharmacists are incredibly hands-on! We participate in the care of our patients at the bedside and are sought out for treatment recommendations by providers and nurses. We respond to all medical and traumatic alerts and resuscitations and are able to administer medications when needed.

How is EM practice at a Community Teaching hospital different from an Academic Medical Center?

MercyOne Des Moines places a huge emphasis on teaching and education and takes tremendous pride in our residents' training! As a community teaching hospital we aren't directly affiliated with an academic institution so our providers and clinical specialists are employed by the hospital itself and do not have faculty appointments or didactic responsibilities. That translates to more time with our residents. In addition to pharmacy residents, MercyOne has medical residents in Internal Medicine, Family Medicine, General Surgery, and Psychiatry all of which rotate through the ED. Pharmacy residents have opportunities to participate in medical resident educational activities, but also benefit because they are given additional responsibilities and opportunities on the interdisciplinary team, especially in the ED!

What are the provider-pharmacist relationships like at MercyOne Des Moines Medical Center?

From the words of our Chief Medical Executive and EM physician Dr. Hijinio Carreon:

MercyOne is a healthcare leader within Iowa, and our success is based on excellent physicians and clinical pharmacists. Our clinical pharmacists work daily within multidisciplinary teams to advise on the selection of medication, the optimal dose, and the best route of administration for individual patients. They provide information about potential side effects, assist with the acute management of a host of critical conditions, and ongoing evaluation of a treatment's efficacy!

With key physician leaders, our pharmacists develop and manage hospital-wide medication management policies and guidelines. They have active voices nationally within Trinity Health, assisting in the evaluation and decision to introduce novel medications and the ongoing review of the use of all approved drugs and medicines used as part of any clinical trials. I cannot imagine being a first-class healthcare organization without our clinical pharmacist!

What is a typical day like for a resident in the Emergency Department?

Aaron, current resident: There is no such thing as a typical day in the ED, which is one of the great aspects of being in the ED. The expectations on each of the EM experiences changes throughout the year and progresses from you learning the basic function and role of the EM pharmacist at MercyOne on EM I to being the face of pharmacy and precepting PGY1 residents on EM IV. Most days in the ED I find myself evaluating patients at the bedside and through chart review and interaction with providers and nurse to develop my own differential and make therapeutic recommendations and interventions. This allows me to learn about unfamiliar disease states, evaluate primary literature, develop my therapeutic recommendation and have great in-depth discussions with an EM preceptor, and at times one of the EM providers. And don't worry, you will have ample opportunity to assist with medication administration such as titrating vasopressors or pushing TNK for a code stroke, ACLS/PALS resuscitations, traumas, strokes, intubations etc. Each day in the ED brings something new to learn and expand on your clinical and critical skills.

How are Emergency Medicine learning experiences differentiated throughout the year?

EM PGY2 residents will complete four individual EM learning experiences during the residency year in addition to EM Leadership. Each EM learning experience is a progression of the last in terms of overall skill set and expectations, but also focuses on a unique area of practice:

- I. Orient the resident to the ED and ensure the global understanding of all policies, practices, and procedures that occur within the ED.
- II. Expand the resident's knowledge base and increase exposure to multiple different disease states and their subsequent treatment within the ED.
- III. Advance the resident's command of appropriate, up-to-date EM literature and improve efficiency in patient workup and review.
- IV. Develop the resident's clinical teaching and precepting skills through facilitation of the PGY1 EM learning experience as a co-preceptor.

How flexible are required and elective learning opportunities?

The residents' schedule and the learning experiences themselves are incredibly flexible and that flexibility is a huge point of strength with our programs! We work with the residents to individualize their experiences to meet their specific goals and/or needs and make adjustments throughout the year. The sequence, length, focus, and electives are all customizable.

What is the staffing component and is there an on-call requirement?

After successfully completing EM I the resident will begin staffing in the ED every fourth weekend from 1230-2100 both Saturday and Sunday, with supplemental weekends to result in 14 total weekends during the residency year. Additionally, the resident will staff one winter and one summer holiday and will staff the ED intermittently during subsequent EM learning experiences (not to exceed ~30% of their total hours). PGY2 residents do not receive a comp day, but have the option to designate a project day each Monday following their staffing weekend or choose to have a quarterly project week.

What types of projects are EM PGY2 residents involved in?

During the residency year the EM PGY2 will complete a longitudinal research project/MUE, create or revise a monograph, drug class review, treatment guideline, or protocol and develop a proposal for a future MUE. The resident will be presented a list of research and project ideas to choose from or may select an alternative project based on personal preference so long as a sufficient need exists. All responsibility for managing these projects resides with the resident.

What types of teaching and precepting opportunities exist?

The EM PGY2 resident will be provided a variety of teaching opportunities throughout the residency year. They will have didactic teaching responsibilities at Drake University, lecturing and facilitating case studies in the Cardiology elective. Additional didactic opportunities can be added as desired. The resident will provide at least one in-service for ED nurses, present informal medication related updates at ED Provider meetings, contribute articles to the ED newsletters, and complete Whiteboard education in addition to their regular journal clubs and presentations. A grand rounds or CE level lecture is required near the end of the residency year. The resident will co-precept the PGY1 residents in the ED along with APPE pharmacy students on rotation.

How do you ensure competency with all required disease states?

We utilize the appendix feature within PharmAcademic to track direct and non-direct patient experiences related to the 95 required topic areas for EM PGY2s. To help ensure these are all formally discussed and understood they are broken out and assigned to individual learning experiences, then adjusted as needed. Application and mastery is assessed through case discussions/debriefings, formal case presentations, intervention documentation and FARM notes.

What are the requirements for successful completion of the program?

All of the following must be satisfied to successfully complete the program:

- Completion of a minimum of 2/3 of residency as a pharmacist licensed to practice in Iowa
- Compliance with the Resident Pharmacist Leave of Absence policy
- Successful completion of all required learning experiences as defined in the Program Assessment Strategy
- “Achieved for Residency” all *Patient Care (R1)* and *Management of Medical Emergencies (R5)* goals and objectives
- “Achieve” at least 70% of all required program goals and objectives
- No “Needs Improvement” on any required goal or objective on last evaluation
- Compliance with all weekend staffing requirements (14 weekends in total)
- Conduct and implement Medication Use Evaluation (MUE)
 - Formal presentation at Regional Pharmacy Residency Conference
 - Complete manuscript suitable for publication
- Submit and present MUE proposal for future resident completion
- Complete and present one monograph, drug class review, treatment guideline, or protocol development as assigned

What additional training opportunities exist for EM PGY2 residents?

All EM PGY2 residents will complete ACLS and PALS in addition to auditing ATLS.

What types of positions have past residents gone on to obtain?

All of our past graduates have secured positions as EM pharmacists prior to the end of the residency year!

What opportunities exist to attend national Emergency Medicine related conferences?

MercyOne covers all expenses for the EM PGY2 to attend one national conference during the course of the residency year which is contingent upon their acceptance to present a poster or platform presentation at the conference. The national conference must be related to pharmacy practice or emergency medicine and may include ASHP MCM, ACEP, ACCP, or another as approved by the RPD. The resident will also attend and present their research at the Iowa Pharmacy Association (IPA) Annual Meeting in June.

How much direct preceptor oversight is provided and how is feedback provided to residents?

Aaron, current resident: The feedback really depends on the preference of the resident. All of the preceptors want to see you improve and develop into a knowledgeable independent clinical pharmacist. Most preceptors provide feedback on a daily basis, and they are always happy to provide/discuss feedback following a clinical event you participated in. I prefer more frequent feedback and during my EM rotations preceptors utilized daily feedback forms to provide focused feedback across a spectrum of clinical skills. Direct oversight depends on the rotation, there is typically a lot of oversight on the EM I experience but as you move through rotations the goal is to develop independence and autonomy. Some rotations will have more than others, but the preceptors and pharmacists in general are widely available for questions and support.

What are the interactions like with the Residency Program Director and at what frequency?

Aaron, current resident: Jess's door is always open for questions, concerns, or to just chat about life outside of the residency. Conveniently, Jenna (PGY1 RPD) and Jess share an office which is adjacent to our residency office. Jess does set up semi-formal monthly meet-ups to always ensure we have time to check-in, but there is rarely a day that goes by that I am not stopping by Jess's desk to chat. If you find you need more time to meet with Jess she is always willing to make that adjustment to fit your needs.

What is the work-life balance like as an EM PGY2 resident at MercyOne Des Moines Medical Center?

Aaron, current resident: I have not found it difficult to maintain a healthy work life balance thus far in the PGY2 program, but it is very dependent on my ability to manage my time and projects effectively. I am able to work out and spend time with my wife and dogs each day, have a Friday date night and even go camping on the weekends without being overwhelmed. I personally found taking some time away from a rotation each day and spending a couple hours at home each night on projects works best for me to minimize working on the weekends. I know the previous resident maximized her time at the office to minimize the work she brought home. Overall, resiliency and wellbeing are a priority of the program, and you will find preceptors are going to go out of their way to ensure you are able to maximize your personal and work life.